The Positive Youth Project

Sarah Flicker,¹ Eudice Goldberg,² Harvey Skinner,¹ Tiffany Veinot,³ Alex McClelland,⁴ & Stan Read²

¹Department of Public Health Sciences, University of Toronto, ²Hospital for Sick Children, ³Canadian AIDS Treatment Information Exchange, ⁴Positive Youth Outreach, a program of ACT
Rationale

There is a profound lack of resources for Canadian HIV-positive youth and their families.

Partnerships between positive youth-, health- and community-based practitioners and academics are desperately needed to help address this need.

The Positive Youth Project is a collaborative initiative to address this need.

Our goal is to improve the health of youth infected and affected by HIV through the creation of youth friendly, accessible resources.
**Working Together**

- **Youth living with HIV** involved as co-researchers in all aspects of this project.

- **Positive Youth Outreach (PYO)** is run by HIV+ youth, and provides peer support, education and advocacy services to youth living with HIV/AIDS in the GTA. PYO will bring expertise in service delivery for HIV-positive youth.

- **The Hospital for Sick Children** is a state-of-the-art academic health sciences centre that specializes in the treatment of children and adolescents. The divisions of Adolescent Medicine and Infectious Diseases will provide medical and research expertise.

- **Canadian AIDS Treatment Information Exchange (CATIE)** is Canada’s leading source of treatment information for Canadians living with HIV/AIDS and their caregivers. CATIE will contribute skills in developing and providing HIV/AIDS treatment information for consumers and dissemination vehicles.

- **The TeenNet Project** generates knowledge and develops practical tools for engaging youth in health promotion using technology. TeenNet will contribute extensive youth research expertise and experience in online resource development.

**Partners that sit on the Advisory Committee include:**
YouthCO, Canadian AIDS Society, Canadian Aboriginal AIDS Network, AIDS Community Care Montreal, Pauktuutit/Canadian Inuit HIV/AIDS Network, the Canadian Aboriginal AIDS Network, the Ontario AIDS Network and the electronic Child Health Network.
Objectives

• **Understanding**: Explore the barriers and supports needed for Canadian HIV-positive youth to achieve their goals.

• **Improve Health Behavior & Care**: Investigate the self-care behaviors of HIV-positive youth and relevant supports and barriers.

• **Engagement**: Develop protocols for working in a participatory fashion with HIV-positive youth and best practice guidelines for using technology to disseminate information to this marginalized population.

• **Create policy guidelines**: Investigate resource, programming, clinical and policy guidelines to support Canadian HIV-positive youth achieve their goals (including self-care).

• **Address the voiced needs of youth**
**Project Summary**

- Establish Working Group & Collaboratively Develop Protocol
- Conduct key informant interviews with Ontario HIV+ youth
- Working Group Collaboratively Analyze Data
- Host Youth Roundtable for Action
- Further proposal development
- Next Steps: Developing Interactive Website, Training Workshops, Reinvigorating a national network
Defining Communities and Choosing Partners

Presentation prepared by Kirsten Senturia for CBPR Institute 2005

© 2005, The Community-Institutional Partnerships for Prevention Research Group
Partners

Presented by: Kirsten Senturia, PhD, Public Health--Seattle & King County (PHSKC)

• Understanding DV in Nine Ethnic Communities
  Sandra Ciske, MN
  Sharyne Shiu-Thornton, PhD
  Marianne Sullivan, MPH
  East Cherry YWCA
  Seattle Indian Health Board
  Consejo Counseling Services
  Refugee Women’s Alliance
  Northwest Network
  Cross Cultural Health Care Program

• DV Social Support Groups
  Rupaleem Bhuyan, MA
  Sandra Ciske, MN
  Rujuta Gaonkar, MPH
  James Krieger, MD, MPH
  Sharyne Shiu-Thornton, PhD
  Michael Smyser, MPH
  Marianne Sullivan, MPH
  Beruke Giday, MNPL
  Sofia Lutsky
  Molly Mell
  Farhiya Mohamed
  Tigist Negash
  Cam Nguyen
  Tan Mei Teo
  Carlin Yoophum

© 2005, The Community-Institutional Partnerships for Prevention Research Group
Description of the project

• Qualitative descriptive CBPR using focus groups and individual interviews

• Assessment of cultural context of DV, access to, and satisfaction with, DV services among ethnic and LGBT survivors of DV

• Cultural communities: African American, Amharic-speaking, Cambodian, Filipina, Latina, LGBT, American Indian/Alaskan Native (AI/AN), Russian-speaking, Vietnamese

• Funded by National Institutes of Justice
Origin of the project

• Idea came from Seattle Domestic Violence Council
• Initial plan was to gather prevalence data via telephone survey
• Stakeholders demanded addressing issues for marginalized communities first
• Decided to conduct focus groups to better understand DV experience
Process of deciding on target communities and partners

- Initial grant proposal to NIJ: African-Americans, Asian-Americans, Latinas, AI/AN
- Additional funding through the city for more groups
- Stakeholder meeting of Seattle DVC to decide on additional groups
- Consideration of ethnicity, disability, marginalized groups (incarcerated women)
- Balance of stakeholder interests, population numbers, research constraints
- Solicitation of interested stakeholders & commitment to collaborate
Social Support Groups for DV Survivors

Description of the project

• Idea developed from previous NIJ-funded project on DV and access to services

• Pilot project to test feasibility of intervention in refugee and immigrant communities

• Social support and skill-building groups

• Cultural communities: Cambodian, Ethiopian, Russian-speaking and Somali

• Funded by CDC through Seattle’s Urban Research Center grant
Social Support Groups for DV Survivors

Origin of the project

• Follow-up to NIJ funded project: met with partners to assess interest in continuing

• Solicited funding through Seattle Partners/CDC
Social Support Groups for DV Survivors

Process of deciding on partners and choosing communities

• ReWA emerged as interested and capable partner; PHSKC & ReWA decide to collaborate

• Initial conversations between researchers and ReWA staff of which communities to follow up with

• Based on earlier research--wanted to include some of those groups

• Value in adding new cultural groups

• Balance of larger and smaller population groups

• Consideration of ReWA staff availability and expertise for particular groups
For more information:

• Initial NIJ funded research report
  
  *Cultural Issues Affecting Domestic Violence Service Utilization in Ethnic and Hard to Reach Populations*


• Current project
  
  *We can help each other: Domestic Violence Intervention*

  kirsten.senturia@metrokc.gov, sharyne@u.washington.edu

  rujuta.gaonkar@metrokc.gov

• Seattle Partners for Healthy Communities
  
  http://depts.washington.edu/hprc/SeattlePartners/

© 2005, The Community-Institutional Partnerships for Prevention Research Group